

# **Consent for Treatment and Financial Agreement**

## **For Dr. Ronald Lo's office**

1. The undersigned hereby authorizes Dr. Lo and/or staff to take x-rays, study models, photographs or any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of the patient's dental needs and authorizes the use of these records for teaching purposes, study groups and case presentations.
2. In the event of my insurance company not paying, I (we) promise to pay the remaining balance on my account.
3. I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay all legal costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment.